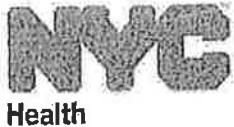


EXHIBIT

B

DEFENDANT'S
EXHIBIT
AA



CORRECTIONAL HEALTH SERVICES

PRE-ARRAIGNMENT SCREENING FORM

TIME STAMP

FDNY-EMS
PRE-ARRAIGNMENT
SCREENING UNIT

2015 JAN 23 4:50

Name Marcus Asin

Date of Birth: [REDACTED] Gender: ☐ MALE ☒ FEMALE

Arrest Number(s)

L	N	N	N	N	N	N	N	N	N
L	N	N	N	N	N	N	N	N	N

ROW #

Central Booking location (circle): Bronx Brooklyn Manhattan Queens

TOUR (circle) 1 2 3

Date 1/23/15

Print provider information

Name Richard Del Monico 1888
Shield # 1111

- Are you sick or injured? ☐ NO ☒ YES Comment: Yo Throat Inj
- [REDACTED]
- For females: Are you pregnant? ☐ NO ☐ YES, If yes, how many months? _____
- SINCE your arrest - Have you been in the hospital / ER? ☒ NO ☐ YES
If yes, which? _____ Reason: _____
- PRIOR to your arrest - Have you been in the hospital / ER, in the past week? ☒ NO ☐ YES
If yes, which? _____ Reason: _____
- [REDACTED]
- [REDACTED]
- Do you have any of the following medical conditions? ☐ Seizures ☐ Diabetes ☐ Heart Problems
- Are you currently taking or are you supposed to be taking any prescription medication? ☒ NO ☐ YES
If yes, list all medications _____
- Do you receive any medical treatments regularly (e.g., dialysis)? ☒ NO ☐ YES
If yes, list all treatments, schedule, and when last received _____
- Are you allergic to medications and/or other substances? (if yes, list all) ☒ NO ☐ YES

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Health

12. Does the detainee appear sick or injured? ☒ NO ☐ YES If yes, specify reason:

☐ Acutely Ill ☐ Injured ☐ Disoriented ☐ Other _____

13. Vital signs (when indicated): Blood Pressure (Systolic/Diastolic) _____ / _____

Pulse _____ Respiration _____ Temperature _____

14. Medications to be held? (If yes, list all) ☒ NO ☐ YES _____

15. If medications administered, enter Unit Dose quantity: Glucose: _____ Tylenol: _____ Gelusil: _____

Guaifenesin: _____ Albuterol: _____ Chewable Aspirin: _____ Epi-Pen: _____ Naloxone: _____

16. _____

17. Transport to ER? ☐ NO ☐ RMA ☒ YES If yes, which ER? QGH

Reason: Thumb Inj

Transport by: ☒ NYPD ☐ EMS ☐ Other _____ CAD: _____ Unit: _____

18. Visual assessment Pr to Hsp to thumb N/A, swelling
N/A Re N/A

19. Comments Pr TX to hosp for further eval & treatment

RETURN VISIT: Return from Hospital ☐ Precinct ☐ Other _____?

Discharge Instructions: _____

Discharge Medications: _____

Comments: _____

If medications administered, enter Unit Dose quantity: Glucose: _____ Tylenol: _____ Gelusil: _____

Guaifenesin: _____ Albuterol: _____ Chewable Aspirin: _____ Epi-Pen: _____ Naloxone: _____